



# Hospital (Inpatient)

## Side-by-Side Comparative Rate Analysis

Scanned copies of patient EOBs (stripped of PHI) are provided to client.

Real report includes actual competitor provider names & Tax IDs.



MRF Effective 1-1-2025	MRF Effective 1-1-2025
Tax ID: XX-XXXXXXX	Tax ID: XX-XXXXXXX
<b>FlexPoint Client Rates</b>	<b>Competitor Rates</b>

Inpatient Services	Hospital Codes	Payment Methodology	Client: UHC Reimbursement Amount	Competitor: UHC Reimbursement Amount	% Difference (Competitor vs. Client)	Payment Methodology	Additional Notes
<a href="#">All MS-DRG (exceptions below per the "United Healthcare System: All Payer Appendix")</a>	See "All MS-DRG" tab for full list	DRG Base Rate	\$ 17,318	\$ 19,751	14%	DRG Base Rate	Lesser of Terms or Total Charges; In the event gross charges exceed 5.5 times the base reimbursement, an outlier is calculated as an additional 33% of every gross dollar that exceeds 5.5 times the base reimbursement
High Cost Outlier	Threshold (# x DRG payment)	Threshold Multiplier	15.4	5.5	-64%		
		Second dollar %	11%	33%	200%		
<a href="#">Obstetrics (Mother Only):</a>	<b>MS-DRG:</b>						
Vaginal Delivery	767-768, 774-775, 796-798, 805-807	Case (2 days)	\$ 4,542	\$ 6,883	52%	Case Rate	Lesser of terms or charges. Additional \$2,929 per diem after second day.
C-Section Delivery	765-766, 783-788	Case (4 days)	\$ 5,835	\$ 10,818	85%	Case Rate	Lesser of terms or charges. Additional \$2,929 per diem after fourth day.
Additional Day	Per Day	Per Diem	\$ 1,613	\$ 2,929	82%	Per Diem	Per Diem (Vaginal after 2nd day; Per Diem C-Section after 4th day)
<a href="#">Nursery:</a>	<b>MS-DRG:</b>						
Normal	795	Per Diem	\$ 883	\$ 795	-10%	Per Diem	Lesser of terms or charges
Lower Neonate	789,792,794	Per Diem	\$ 2,431	\$ 1,582	-35%	Per Diem	Lesser of terms or charges
Higher Neonate	791,793	Per Diem	\$ 4,542	\$ 4,044	-11%	Per Diem	Lesser of terms or charges
Severe Neonate	790	Per Diem	\$ 5,347	\$ 6,252	17%	Per Diem	Lesser of terms or charges



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<b>Emergency:</b>						
Level 1	99281	Case Rate	\$ 1,039	\$ 311	-70%	Case Rate
Level 2	99282	Case Rate	\$ 1,039	\$ 572	-45%	Case Rate
Level 3	99283	Case Rate	\$ 1,688	\$ 1,041	-38%	Case Rate
Level 4	99284	Case Rate	\$ 2,206	\$ 2,117	-4%	Case Rate
Level 5	99285	Case Rate	\$ 2,206	\$ 3,344	52%	Case Rate
Critical Care	99291	Case Rate	\$ 3,886	\$ 4,669	20%	Case Rate
<b>Observation</b>						
	0762	Case Rate	\$ 2,550	\$ 5,165	103%	Case Rate
<b>Surgery - Outpatient Procedure Grouper (OPG):</b>						
0	See "Outpatient Procedure Grouper" tab. Multiple Procedures: 100% 1st, 50% 2nd, 25% 3rd, \$Nil 4th and beyond	Case Rate	\$ 913	\$ 1,730	89%	Case Rate
1		Case Rate	\$ 1,976	\$ 2,896	47%	Case Rate
2		Case Rate	\$ 4,251	\$ 3,558	-16%	Case Rate
3		Case Rate	\$ 7,085	\$ 7,600	7%	Case Rate
4		Case Rate	\$ 8,093	\$ 10,805	34%	Case Rate
5		Case Rate	\$ 9,102	\$ 15,123	66%	Case Rate
6		Case Rate	\$ 12,137	\$ 21,172	74%	Case Rate
7		Case Rate	\$ 15,164	\$ 38,169	152%	Case Rate
8		Case Rate	\$ 16,173	\$ 48,253	198%	Case Rate
9		Case Rate	\$ 44,466	\$ 68,415	54%	Case Rate
10	Case Rate	\$ 60,637	\$ 86,420	43%	Case Rate	
Unlisted	Case Rate	\$ 8,093	\$ 5,329	-34%	Case Rate	
<b>MRI</b>						
	0610-0612, 0614-0616, 0618, 0619	UHC Fee Schedule	145% of Fee Schedule	210% of Fee Schedule	45%	UHC Fee Schedule
<b>CT Scan</b>						
	0350-0352, 0359	UHC Fee Schedule	145% of Fee Schedule	210% of Fee Schedule	45%	UHC Fee Schedule
<b>Nuclear Medicine</b>						
	0340-0342, 0349	UHC Fee Schedule	145% of Fee Schedule	225% of Fee Schedule	55%	UHC Fee Schedule
<b>PET Scan</b>						
	0404	UHC Fee Schedule	145% of Fee Schedule	225% of Fee Schedule	55%	UHC Fee Schedule



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<a href="#">Other Diagnostic Radiology</a>	0320-0324, 0329 0401, 0402, 0403	UHC Fee Schedule	145% of Fee Schedule	305% of Fee Schedule	110%	UHC Fee Schedule
<a href="#">Laboratory / Pathology</a>	0300-0307, 0309,0923,0925 0310-0312, 0314, 0319	UHC Fee Schedule	90% of Fee Schedule	120% of Fee Schedule	33%	UHC Fee Schedule
<a href="#">Separate Reimbursable Drugs</a>	0343, 0344, 0636	UHC Fee Schedule	100% of Fee Schedule	112% of Fee Schedule	12%	UHC Fee Schedule
<a href="#">High Cost Implants:</a>	0274-0276, 0278	110% greater than \$2,500.	Cost + 10%	68.70%	N/A	POC (% of Charge)